

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 101048043  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.		4		1		
TOTAL CLAIMS		5		2		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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